

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Massachusetts</u> b. COUNTY <u>Scholar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		4690	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>Box 714 - RFD 13</u>			
3. NAME OF DECEASED (Type or Print) <u>Orra</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>Whittington</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-25-50</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>1-21-1890</u>	
9. AGE (in years last birthday) <u>60</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 YEAR Hours _____ Mins. _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wineman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone Co</u>		11. BIRTHPLACE (State or foreign country) <u>THAWVILLE Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frank T. Whittington</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Pittman</u>		14. NAME OF HUSBAND OR WIFE <u>Blanche</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lyover Whittington</u> ADDRESS <u>Eureka Ill</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephrosclerosis, hypertensive</u> ANTECEDENT CAUSES <u>Debilitated</u> DUE TO (b) <u>Debilitated</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephrosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>und.</u> <u>7 yrs</u> <u>und.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>2nd X</u>					
22. I hereby certify that I attended the deceased from <u>9/1/50</u> , 19 <u>50</u> , to <u>12/25</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12/24</u> , 19 <u>50</u> , and that death occurred at <u>7:25</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>L. B. Sasser</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>16 Hampton Village Plaza</u>		23c. DATE SIGNED <u>1/4/26/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-26-50</u>		24c. NAME OF CEMETERY <u>Q. I. O. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Eureka Ill</u>	
DATE REC'D BY LOCAL REG. <u>Dec 26 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u>		ADDRESS _____	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Ronald E. Yahnke

Signed.....

Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address *OT Lewis 109*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.